

State File No.
 Registrar's No. 7479

32952

7479

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

FILED OCT 2 1952

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		17479		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis				c. LENGTH OF STAY (If this place) 16 da		a. STATE Mo		b. COUNTY St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hosp				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		d. STREET ADDRESS 9208 Delphine		423X	
3. NAME OF DECEASED (Type or Print)				a. (First)		b. (Middle)		c. (Last)	
Martha M Gans									
5. SEX F		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid		8. DATE OF BIRTH Apr 4 1868		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Herman Mo		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Charles Fisher				13b. MOTHER'S MAIDEN NAME Francisco Christman		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Louise Nunley 9208 Delphine			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Carcinomatosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>6 mos</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION —		19b. MAJOR FINDINGS OF OPERATION —		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) —		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? —		21g. HOW DID INJURY OCCUR? —		21h. HOW DID INJURY OCCUR? —		21i. HOW DID INJURY OCCUR? —		151X	
22. I hereby certify that I attended the deceased from <u>7-10-</u> , 19 <u>52</u> , to <u>8-4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-4-</u> , 19 <u>52</u> , and that death occurred at <u>2:55 Pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Herman J. Koeber</u>				23b. ADDRESS <u>9621 Lakeland Rd.</u>		23c. DATE SIGNED <u>8-4-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/7/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo</u>			
DATE REC'D BY LOCAL REG. <u>AUG 6 1952</u>		REGISTRAR'S SIGNATURE <u>H. C. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ottmann F Home</u>		ADDRESS <u>9222 Lakeland Overland Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Al C. Ostmann

Licensed Embalmer No. *3478*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.